
 <b>Internal Case Management System</b> <b>Worksheet - Internal Affairs Log</b>				<b>Top Allegation</b> REPORT INCOMPLETE/INACCURATE - ACCIDENT REPORT		<b>Group</b> CC-COMMAND CENTER <b>Date of This Report</b> 09/12/2021	
<b>Date Reported</b> 09/12/2021	<b>Date Assigned</b>	<b>IAB Log No</b> 2021-20292	<b>Case No</b> (CC) 2021-20292	<b>Folder Type</b>		<b>Follow Up No</b> 1	<b>Worksheet Tracking No.</b> 5225919

<b>Date/Time Reported</b> 09/12/2021 23:20	<b>SOL Date</b> 02/16/2023	<b>Occurrence From Date/Time</b> 08/16/2021 01:30	<b>Occurrence To Date/Time</b>
<b>Contact Type</b> EMAIL	<b>Source</b> 311	<b>Source Number</b> 00346120	<b>Position Number</b> OTHER

<b>Person's Last Name, First M.I.</b> [REDACTED]				<b>Role</b> COMPLAINANT		<b>Status</b> CIVILIAN NON MEMBER OF SERVICE		<b>Res. Pct.</b>
<b>Anonymous</b> NO		<b>Anonymous#</b>		<b>Call Back Code</b>				
<b>Nickname/Alias/Middle Name</b>								
<b>Address</b> [REDACTED]						<b>Apt No.</b>		<b>NYSID No.</b>
<b>Alternate Address</b>						<b>Apt No.</b>		
<b>Sex</b> FEMALE	<b>Race</b>	<b>Date of Birth</b>	<b>Age</b>	<b>Height</b>		<b>Weight</b>		
<b>Age From</b> 0	<b>Age To</b> 0	<b>Condition</b>	<b>If Injured or Deceased Location</b>			<b>U.S. Citizen</b>		<b>State/Country of Birth</b>
<b>Home Telephone</b>	<b>Business Telephone</b>	<b>Cell Phone</b>	<b>Beeper #</b>	<b>E-Mail Address</b> [REDACTED]		<b>Call Back Phone#</b> [REDACTED]		
<b>This Person and Subject Live Together</b>		<b>Identify Subject?</b>	<b>This Person State Subject i</b>					

<b>Person's Last Name, First M.I.</b> KOSICH, ROBERT J				<b>Role</b> SUBJECT		<b>Status</b> UNIFORM MEMBER OF SERVICE		<b>Res. Pct.</b>
<b>MOS TAXID</b> 959736	<b>Command</b> 411 HIGHWAY UNIT NO 1	<b>Rank</b> POM	<b>Shield</b> 21284					
<b>Appointment Date</b> 10/07/2015			<b>Year Employed</b> 6					

Nickname/Alias/Middle Name				
On Duty	In Uniform	Squad	Chart	Primary Assignment
PERSON TESTS				

Allegation								
1	Full Allegation Report Incomplete/Inaccurate - Accident Report	Classification Abuse of Dept Regulations	Allegation Index IMP-Invest. Incomp./Improper	Allegation Date 09/12/2021	Finding -	Finding Date	Allegation Removed NO	Allegation Disposition
Comments								

Incident Documents
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Property	Property Status
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Evidence			
Evidence Collected	Evidence Collection Team Crime Scene Requested	Who Responded	ECT/CSU Run No.

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Incident Location List							
1	Location Type OCCURRENCE	Jurisdiction	In or Near NYPD Command	PCT -	Common Locations Outside of NYC		
	Address Location	Location Within	Street	City	State NY	Zip	Apt #
	Cross Street		Intersection of and	Premise Type	Indicate Premise Name if Known		Exact Location Within Premise Type, if Known
	Occurrence/Effective On or From	Occurrence Through	Statement of Detail Specific to thi Location				

Topic/Subject: (Internal Affairs Log) INTERNAL AFFAIRS LOG
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**Details**


On 09/12/21 at 2320 hrs. I received 311 EC-00346120, from Ms. [REDACTED], which states the following in verbatim;

CUSTOMER HAD A ACCIDENT AT THE BRONX RIVER PARKWAY 08.16.2021 AT 1:21 AM . CUSTOMER CLAIMS NYPD OFFICER ROBERT J KOSICH DID NOT USE MY PERSONAL STATEMENT ON THE ACCIDENT REPORT . POLICE OFFICER CAME TO THE HOSPITAL TO THE HOSPITAL AND ALSO INTERVIEW MY FRIEND THAT WAS AT THE HOSPITAL NOT ON THE SCENE. CUSTOMER TOLD NYPD SHE WAS CUT OFF BY SOMEONE. HE THEN WROTE ON THE STATEMENT THAT CUSTOMER WAS SPEEDING . HE WAS INTERVIEWING ME IN THE MIDDLE OF ME BEING SCORTED TO THE ER . PLEASE REACH OUT TO CUSTOMER . CUSTOMER WANTS THE REPORT AMENDED.

2320 hrs. ICMS check yield no prior log.

2322 hrs. FORMS check yield copy of PAR#2021-048-000957

**List of Persons Added/Updated in the Log**

Person's Last Name, First M.I. KOSICH, ROBERT J			Role SUBJECT	Status UNIFORM MEMBER OF SERVICE	Res. Pct.
MOS TAXID 959736	Command 411 HIGHWAY UNIT NO 1	Rank POM	Shield 21284		
Appointment Date 10/07/2015			Year Employed 6		
Nickname/Alias/Middle Name					

**Allegations**

1	Full Allegation Report Incomplete/Inaccurate - Accident Report	Classification Abuse of Dept Regulations	Allegation Index IMP-Invest. Incomp./Improper	Allegation Date 09/12/2021	Finding 12 - Unsubstantiated	Finding Date 09/28/2021	Allegation Removed NO	Allegation Disposition
Comment Unsubstantiated								

Reporting Officer:	Rank DT3	Name [REDACTED]	Tax Reg. No. [REDACTED]		Command CC-COMMAND CENTER	
Reviewing Supervisor:	Manner of Closing	Date Reviewed 09/16/2021	Date of Next Review	Name [REDACTED]	Supv. Tax No. [REDACTED]	
Endorser:	Rank SGT	Name [REDACTED]	Tax Reg. No. [REDACTED]	Command CC-COMMAND CENTER	DateTime Reviewed 09/13/2021 00:29	Status
	Comment					
Endorser:	Rank DT2	Name [REDACTED]	Tax Reg. No. [REDACTED]	Command ADM-ADMINISTRATION	DateTime Reviewed 09/16/2021 13:32	Status

	<b>Comments</b> OG-410
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